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CONFIRMATION NO. 9429

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/774,681 | <b>FILING OR 371(c) DATE</b><br>02/08/2004<br><b>RULE</b> | <b>CLASS</b><br>702 | <b>GROUP ART UNIT</b><br>1631 | <b>ATTORNEY DOCKET NO.</b><br>C1159.70000US01 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**Michael Scott Ehrlich, Andover, MA; *LAC***\*\* CONTINUING DATA \*\*\*\*\***This appln claims benefit of 60/527,205 12/04/2003 *LAC***\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 05/06/2004

|   |                               |                             |                           |                                |
|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>17 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged<br><i>Scott Ehrlich</i><br>Examiner's Signature   | <i>LAC</i><br>Initials        |                             |                           |                                |

**ADDRESS**

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**TITLE**

Methods and devices for retrieving a subject's physiological history from a biological sample analysis

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|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>471 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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